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**HISTORY OF MEDICINE
AND NATURAL SCIENCES**

MEDICAR ARJIS 1075 (2) - 1761

AN ADDRESS

DELIVERED BEFORE THE

Berkshire Medical Institute,

NOVEMBER 24, 1863.

BY PLINY EARLE, A. M., M. D.

UTICA, N. Y.

ROBERTS, BOOK AND JOB PRINTER, CO GENESEE STREET.

1867.

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ADDRESS.

PSYCHOLOGIC MEDICINE: ITS IMPORTANCE AS A PART OF THE MEDICAL CURRIC- ULUM.

"The care of the human mind is the most noble branch of medicine." Thus wrote Grotius two hundred years ago. But in the declaration of this proposition, the great philosopher of the Netherlands was rather a prophet than an expositor of the opinions of the age in which he lived. He was far in advance of his time. He was the seer who lifted the mystic veil that ever separates the future from the present, and whose anointed vision penetrated the abyss of prospective years, and revealed that which was to be; alas! that which even yet *is* to be.

How remarkable a comment upon the language of the Dutch author is furnished by the history of the period intervening between him and ourselves! For nearly two centuries after that language was used, the practice of the world stands as a permanent proof that the opinion therein expressed met with few if any adherents. Throughout all Christendom there was no practical evidence of the prevalence of such views. Over all the territory of civilization there was no spot illuminated by that method of treating insanity which must be the inevitable consequence of an actual and general belief that "the care of the human mind is the most noble branch of medicine." A darkness as of Egypt is spread like a funeral pall over those two centennary cycles. Nowhere do we find any evidence that

the opinions of either physicians or the people at large coincided with that of Grotius, but, everywhere, the treatment of insanity and of the insane was almost wholly removed from the domain of the medical profession, and given over to gaolers and to their peers in public or private stations. "The most noble branch of medicine" was transferred from the doctors to the turners of the key. The *materia medica* of the regular profession was forsaken, and another, better adapted to those who possessed the prerogatives and exercised the functions of "the most noble branch of medicine," was substituted in its place. Whips were the stimulants; solitary confinement the sedative; manacles, leg-locks, straight-jackets, fetters and chains the astringents. Iron, indeed, was the universal tonic; and it was administered with a liberality that knew no bounds. Ferruginous preparations were everywhere about the patient, but, being externally applied, they acted as a tonic, or strengthener to the turnkey physician, rather than to the unfortunate person under his care. Iron, in ponderous bars, was at the window; iron, in massive bolts and unbreakable locks, upon the door; iron, in unrelenting staples, in the floor or the wall; iron, in blistering circlets about the ankles; iron, in cable-like links between the feet; iron, in manacles at the wrists.

And thus, with his chalybeate agents, the turnkey for two long centuries remained the sovereign of the dominions of "the noblest branch of medicine," and could say, in the language attributed by Cowper to Selkirk,

"I am monarch of all I survey;
My right there is none to dispute."

But at length that monarch was jostled upon his throne. Two daring spirits—Pinel, in France, and Tuke, in England, the former a physician, the latter a

philanthropic merchant—rose in rebellion against the firmly seated autocrat, and began the labor of wresting his dominions from his power and transferring them to their legitimate sovereign. The conflict thus begun has been a “war of the roses,” but they were roses with many thorns.

More than half a century has elapsed, and still the contest rages. The old chieftain still holds a section of the citadel, and commands his minions to “hang out the banner on the outer wall,” for “the cry is, still they come.” The turnkey and the physician now wear a divided crown in the realm of “the noblest branch of medicine.” The former still wields his sway in the gaols, garrets, cellars, out-houses, or other miserable receptacles where, even at this moment, and in our own country, with all its vaunted civilization and philanthropy, thousands of insane persons are dragging out a wretched existence, many of them laden with the old implements of torturing restraint. The latter hold the hospitals, those monuments of benevolence and enlightened humanity.

As for the medical schools, they are upon neutral ground. Neither the physician nor the turnkey considers them worth the holding. True, some three or four raids, in the shape of summer or sub-courses of lectures upon mental disorders, have been made upon them by the physicians; but, in every instance, the invading party was so weak that a retreat was soon ordered, and the territory was again abandoned to its position of neutrality. But—all honor to whom honor is due—at length, in the autumn of 1863, the Berkshire Medical College came manfully from its stronghold, and surrendered unconditionally without a battle.

But let us drop metaphor and use the language of fact. In the medical schools it is considered necessary

to instruct the student in the nature and treatment of varicella, a disease productive, at most, of but brief annoyance, but he may remain in total ignorance of mental alienation, a disorder liable to prove permanent, and wholly destructive of the usefulness in life of him whom it attacks. The tyro on the college benches must be enlightened in the mysteries of dressing the incised finger of the luckless lad whose jack-knife could not discriminate between shingle and flesh, but he may go through his medical course, and bear away his diploma and his title, without ever having read, or heard from the lips of a professor, one solitary word upon a disorder which takes from man the high prerogative of reason, often reduces him to a level with the brutes, and casts him, not merely as a useless thing but as a positive incumbrance upon society. It is an inconsistency, as strange as it is great; an anomaly; almost a playing of Hamlet with the character of Hamlet left out.

Why has this condition of things been so long permitted? The answer to this question is doubtless mainly to be found in a very general practice among men. In nearly every sphere or place where an unconscious practical estimate is made of the psychic element of man—the mind, the soul, the spirit; or by what other name soever it may be designated—its value as compared with the corporeal element, or even with external material things, is placed so low that the insane patient at Bloomingdale was not far from right when, being present at divine worship and hearing the pastor quote the scriptural query—"What will a man give in exchange for his soul?" he promptly rose and very gravely responded: "Two and sixpence."

Men closely scrutinize persons who desire to borrow their money, but are almost heedless in regard to those

to whom they lend, for training, the hearts and the intellects of their children. They seek a skillful blacksmith, when work by an artizan of that craft is required, but exercise too little care and caution in selecting the moulders of character, and the ministers to the mind. What, judging from the unwritten history of New England, appears to be the essential qualification for a teacher in the public schools? Formerly, ability to "lick" the largest boy pupil; of later years, relationship, anywhere from sister to tenth cousin, to the "prudential committee," or more frequently to that honorable officer's wife. The emoluments in the three occupations technically called the "learned professions" are at a maximum in law, a large part of the province of which is to regulate the possession of property; at a medium in medicine, which mainly deals with the body and its diseases, injuries and defects; and at a minimum in divinity, the sphere of which is in the psychic element of our being, and among the awful mysteries of a future life. Who, of transitory appealers to the public, in large cities, attracts, as a general rule, the largest assemblies, the acrobat or the astronomer, the dancer or the divine, the juggler or the geologist?

In defense of the persistent practice of the medical schools in condemning psychological medicine to banishment from their borders, it may be argued that insanity is of so rare occurrence that the young physician may practice for years without a call to prescribe for it, and the time devoted to the acquisition of a knowledge of its nature and treatment is consequently lost.

This argument contains three distinct propositions, either expressed or implied. First: *Insanity is rare.* The census of the United States, in 1860, made the number of insane persons twenty-four thousand; but it may very satisfactorily be proved that these figures are

far too low. It is not unlikely that the actual number approximates forty thousand. Certainly the disorder cannot be *very* rare. With a thousand cases of small-pox in New York and Brooklyn, would it be thought, by the residents of those cities, that small-pox was rare? yet the insane either in those cities or belonging to them, are not fewer than the number mentioned. But, for the moment, let it be granted that the proposition is true. Now follow the argument to its logical consequences. Is not coxalgia rare—much more so than insanity? yet what medical student neglects the study of coxalgia? and what professor of surgery omits it in his lectures? What is the average number of cases of variola coming under the professional care of country practitioners? Probably not one in five—perhaps ten—years. But where is the medical school which discards the teaching of the characteristics, the pathology and the therapeutics of variola? What is the relative proportion between the number of physicians and the annual number of operations for strangulated hernia? Presumably, not less than fifty to one. Hence the chances are, that any young physician settling in practice will not be called upon to perform that operation in fifty years. Yet, so far as my knowledge extends, every professor of surgery is especially careful minutely and thoroughly to teach the anatomy of hernia, and the proper method of operative treatment. Is not the necessity for tracheotomy exceedingly rare? But is this infrequency considered a sufficient justification for the omission of tracheotomy from the subjects taught in the schools?

Similar questions might be asked relative to other operations and diseases in regard to which no medical faculty fails to give competent instruction. The theory of the schools ought to be—I believe it *is*—that the

medical graduate should be qualified for any exigency or emergency; that he should be prepared for any and all possibilities. How then can mental disorders, though rare in comparison with some diseases, yet frequent as compared with others, be disregarded in their curriculum?

The second proposition of the argument is: *The young physician may practice for years without a call to prescribe for insanity.* Yes: he *may*. It is not beyond the bounds of possibility. By a combination of fortuitous or favorable circumstances, almost any gauntlet may be run with impunity. But, as has been shown, the disorder is not infrequent. No one can claim prospective exemption from it. All are liable to its invasion, some, it is true, more than others; and many causes, some of them of no insignificant potency, are constantly tending to produce it. Who can tell when, or where, or in whom it will next appear? Hence the probabilities are not very great that the young practitioner will for a long period escape the responsibility of some action in relation to a person suffering under mental derangement. I have granted, however, the possibility of such escape. But, in return, I shall now claim the opposite possibility, namely: that the first patient of the physician entering upon practice *may* be an insane person.

Let us suppose a case. Dr. Blank, who has never gained any knowledge of mental alienation from either lectures or text-books, settles in a country village. He puts his office in order. The table is laden with books. A case of surgical instruments, perhaps accidentally left open, lies alarmingly near at hand. His diploma, in which he is rendered no less illustrious than the gilded frame which surrounds it is lustrous, hangs upon the

wall. Upon a shelf, a number of bottles of medicine, like the broken tea-cups in Goldsmith's Country Ale-house, "glitter in a row." The important sign—"Dr. Blank"—is given to the door, the winds, and the public. All his necessary surroundings arranged, the doctor sits down and yields himself to hope, expectation and the newspaper. But expectation blurs the letters, confounds the words, and takes from the sentences their signification. Thus passes the remainder of the day. But the doctor likes poetry, and before he retires for the night repeats, in honor of a British bard:—

"O, Solitude! where are the charms
That sages have seen in thy face?"

Whether he finishes the stanza or not will depend somewhat upon his temperament:—

"Better dwell in the midst of alarms
Than reign in this horrible place."

But the morning of the second day opens with brighter prospects. That thing for a life memory, *the first customer*, comes. The doctor is called to *two* patients, both of them men, and each presenting a case of recent insanity. One of them is highly excited, furious, raving, tearing his clothes, destroying furniture, and asserting with much force and positiveness that he is "President of the United States, High Priest of Jerusalem, Emperor of Europe, Asia and South America, and Julius Cæsar." The other sits silent and motionless. His hands lie as if nerveless in his lap. His head is inclined, his eyes dejected, gazing listlessly toward the floor, and his countenance betrays the most abject melancholy. Being urged he speaks, but very laconically, and the sum of his utterance is, that he has neither brain nor stomach, that he has no hope of salvation,

and that all mankind are to be destroyed in consequence of his transgressions or short comings.

Now, what will the doctor do?

A man of some local celebrity as a teacher, in Massachusetts, and within the last fifty years, was one day appealed to by a pupil for a solution of one of the propositions in his arithmetic. The teacher took the book, and having read the example, handed it back to the boy, saying: "I can't do that 'sum;' *it wasn't in the arithmetic that I studied.*"

Isn't Dr. Blank in a similar predicament? Can he "*do that sum*" which is before him? Were the President of the United States, the High Priest of Jerusalem, Julius Cæsar, the destruction of all mankind, and no stomach or brains, in the book that *he* studied? Can he conscientiously endeavor to give, in the two cases, suitable, discriminating prescriptions or advice, based upon knowledge, and directed and determined by a sound judgment? The responsibility of the first important prescription, even under the most favorable circumstances, lies heavily enough upon the mind of every sincere, earnest, cautious and not over-confident beginner of the practice of medicine. Hence, under the conditions of our hypothetical case, are we not justified in the inference that the young doctor will *cut* the Gordian knot, not *untie* it, by the brief direction: "Send them both to the hospital?"

In my opinion that decision—and it is not easy to perceive how any other, under the circumstances, could be arrived at—is unjust toward the patients, and the offspring of injustice toward the doctor who made it. As an illustration of professional science, it is parallel with the order of a physician in one of our large cities, who, as it is said, being called out of town for the day, directed a student to visit his patients, to bleed

all who lived on the right hand side of the street, and give cathartics to all upon the left. It is far less logical than the decision of the medical student who, upon being asked at his final examination, "What would you do in the case of a man blown up by powder?" answered, "I would wait till he came down."

Those patients were Dr. Blank's patients, and, under the circumstances, each party had its rights—the patients the right to expect an attempt at restoration based upon a reasonable sum of knowledge respecting their maladies; the doctor, the right to all the reputation which, if the patients were curable under appropriate home treatment, could have been secured by curing them. More important still, perhaps the doctor had his *duty*. His diploma contained no reservations, no exceptions in favor of mental disorders. Was it not his *duty* under this broad authority granted him by the college, to save those patients from the hospital, provided that this could have been done if he had received a reasonable amount of instruction adapted to the emergency?

But it may be argued that this position is wrong; that Dr. Blank acted discreetly, wisely, right; that the hospitals have been specially provided for the insane, and most of them liberally furnished with the means adapted to their peculiar treatment, and hence are the only proper places for them. It must be acknowledged that he acted *discreetly*. No discreet man, if blindfolded, attempts to ford a deep river or to run through a burning city. He acted *wisely*, because no wise physician tampers with diseases of the nature of which he is ignorant. Hence, under the circumstances, he acted right. But, viewed from the stand point of the duties which the profession owe to the people, his action, in my opinion, was erroneous. He ought to have been qualified to grapple with the disease.

YANSEN

To a superficial observer, especially in Massachusetts, the argument touching the hospitals is not without its plausibility. But there are few if any other States so well supplied with hospitals as Massachusetts. All the establishments of that kind in the country can accommodate but about eleven thousand patients; while, as we have already seen, the aggregate number of the insane is not less than twenty-four thousand, probably over thirty-five thousand. It is doubtless within bounds to estimate that there are no less than twenty thousand either at large or confined in the unsuitable receptacles heretofore mentioned: and of these Massachusetts has a liberal share. Again, because there are hospitals, it does not necessarily follow either that every insane person should be taken to them, or that medical students should be exempted from the study of the disease. There are hospitals for diseases of the eye; but does every person suffering from ophthalmia resort to them? or are those diseases wholly disregarded in the medical colleges?

But, in this connection, the chief arguments in favor of collegiate instruction in mental disorders, are, first: the prevention of the necessity of the removal of patients to the hospitals, thus relieving the pressure upon those institutions; and, secondly: the making of enlightened home treatment accessible to the thousands who, for one reason or another, are never placed in hospitals excepting under the pressure of absolutely compelling exigencies, and as a dernier resort. There are many cases of recent insanity which, under physicians competently versed in the disorder, might be cured at their homes. Many are so cured; but the assertion is true of a not inconsiderable percentage of those who are taken to the hospitals. For the last twenty years the superintendents of the hospitals have, in their an-

nual reports, constantly been urging the importance of an early resort, in cases of insanity, to the curative institutions, and pointing out the dangers of delay. Were all physicians in general practice properly instructed at the first great sources of their professional knowledge, the medical schools; were they in possession of merely such information as can be condensed into a dozen lectures, there would be no necessity for this constant appeal, so far, at least, as regards all cases in which their assistance or advice is sought. They could then act or advise more understandingly, and there need be no reason, certainly not on the part of the profession, for injurious delay in seeking the advantages of hospital treatment.

But in some places this unintermitting exhortation in the annual reports has been effective to an extreme. There has been an *empressement*, an alacrity, a haste in the removal of patients to the hospitals, such as would lead to the conclusion that the disposition of them was determined under circumstances similar to those in the case which we have supposed. What have been the consequences? Some of the patients have recovered so soon, and with so little medical assistance, as to prove that they ought not to have been removed. They would have recovered at home. Others have died within so short a period that their removal was clearly demonstrated to have been injudicious, improper. Fatality was hastened, doubtless in some instances caused, by the exertion and fatigue of the journey. How frequently we meet, in the annual reports, such expressions as the following: "Two patients were in *articulo mortis* when they were brought to us." "One patient died on the day of his arrival." "Two patients died within three days after admission." "Four patients, one man and *three* women, died within seven days after they were re-

ceived." Nothing is hazarded in saying that, in nearly all of these cases, removal to the hospital was neither necessary nor proper. Doubtless, in many of them, circumstances rendered it expedient.

The evil having its origin in this source has, in some places, been so great that several of the superintendents have condemned the practice, and, in one or two instances, accompanied that condemnation with some instructions. One of them, in the course of his remarks, says something like this: "Whenever there is reason to suspect the existence of active inflammation of the brain, the patient should not be subjected to the exertion of a removal to the hospital." "*Reason to suspect the existence of active inflammation of the brain;*" "ay, there's the rub." In the days of my medical pupilage, high mental excitement, vociferous and incoherent or irrational language, raving, and violent and destructive conduct were generally received as *prima facie* and positive evidence of active inflammation of the brain. To what extent this error has since that time been corrected, I have no means of knowing; but nevertheless it is very certain that without some understanding of the pathology of insanity, medical men cannot act, in such cases, with a sound and discriminative judgment. It is an absurdity to expect such action from them.

The third proposition of the argument, that *the time devoted to the acquisition of a knowledge of the nature and treatment of insanity is lost*, is really unworthy of notice. It is conditional, and dependent upon circumstances of great improbability. Even if it were not so the proposition itself cannot be said to be strictly true. No medical knowledge is wholly lost to the practitioner. It all tends to make him more accurate and skillful. It expands the mind, gives comprehensiveness to its powers, enlarges the scope of its activity.

But even if a physician should not be called to prescribe for actual insanity, he cannot escape from the neighborhood of the causes of it, and these will enable him to exercise his knowledge in this direction. If medicine is, as the ethical codes allege it to be, a truly benevolent and charitable profession, he need not always wait for a demand for his services, but, by friendly advice, by prudent counsel, by an occasional word of monitorial caution among his employers, he may exert a salutary influence in suppressing those causes, in lessening their influence and preventing the full development of insanity when in its incipient stages. The immediate causes are operating everywhere, and no physician should be ignorant of them. Never, in all the annals of the past, was there a land more infested with them, than that in which we live. Never, throughout all history, was there a people more generally or to a greater degree subjected to their influence than are the Americans. Exhausters or depressors of nervous energy, we find them, like the many heads of a hideous hydra, in the various departments of human activity. The offspring, mostly, of civilization, they permeate society in all its grades, phases, and ramifications. Amidst the general bustle and whirl and tumult of the age, our time and attention are otherwise so fully engrossed that we do not notice them; or, noticing, do not heed. We are too busy to perceive how busy we are. We forget that the broad chasm by which we are now separated from the aborigines has been overleaped through the power of the brain, and that the brain cannot work forever with impunity. We overlook the fact that all the wonders of art, the marvels of science, the sublime and elegant accomplishments of literature, are the productions of that very activity of the miraculous organ within the head which, if not properly curbed and disciplined, leads to mental disorder.

In our endeavors to annihilate or to greatly abridge both time and space, to put learned heads upon the shoulders of the young, to compress the experience of a Methusaleh into our limited sphere of three score years and ten, to compass all knowledge and to conquer every thing within the power of art, to make our mother earth yield to us the secret history of the forgotten past, and, if not, indeed, to "bind the sweet influences of the Pleiades or loosen the bands of Orion," at least to compel the heavens, from our central sun outward, along the brilliant path trodden by the mental feet of Herschel and Leverrier, to the region in which the fixed stars rest in their changeless beauty, and the remotest nebula lies like a snowflake upon the sky, to open its broad expanse as a legible book before us, we are too unconscious of the fact that we are mortal, and that we are working with organs easily susceptible of disorder and decay.

He who accurately surveys the broad field of bodily and mental labor, may well be surprised that we have so few rather than so many wrecks of human reason. "It is better to live unknown," says Bayard Taylor, in allusion to literary labor; "It is better to live unknown, than to die of dyspepsia." To this aphorism may be added another. It is better to live in the contentment of the apathetic Turk, than to die insane in the raging current of the maelstrom of a more highly civilized society.

This brings me to another point. It is a well established fact that there is a constant parallelism between the progress of society and the increase of mental disorders: that, while in aboriginal races and people insanity is comparatively unknown, it prevails in greatest frequency in nations of the highest culture and refinement. All the producers and a large proportion of the

accessaries of civilization, tend to enlarge and render more susceptible the brain and the nervous system, while, on the other hand, with some exceptions, they diminish the muscles and the vigor of the circulation. The normal balance between the most important parts of the bodily organization is thus destroyed, and the way prepared for irregularity and perversion of their functions. It may, indeed, seriously be asked, whether the condition of highest culture in society is worth the penalties which it costs,—not the least of which is this unparalleled amount of mental alienation? I, for one, shall give no negative answer to the interrogation. I would endeavor to preserve the culture, and to superadd the power and the will to diminish its pains, and prevent its penalties. Hence, through our medical schools, as well as from the hospitals, I would disseminate among the people a knowledge of the immediate sources of insanity, in the hope that, by this means, the evils alluded to might be somewhat mitigated.

Judging from much that has occurred in the course of the last twenty years, it would appear that it is a very general impression that there is no such thing as specialty of knowledge in psychological medicine; that while, for a just understanding in regard to all other maladies, a study of those maladies, severally, is required, yet a knowledge of insanity is congenital, or intuitive, like the faculty of the “natural bone-setters.” Everybody, of course, knows all about mental derangement. Every doctor, especially, is perfectly familiar with it, in all its phases and all its peculiarities; and, consequently, one doctor understands it just as well as any other doctor. It is nothing but “craziness,” and all the world knows what that is. Yes: and all the world knows what a crushed arm or a broken thigh-bone, or “lung-fever” is: and furthermore, all the world knows just so

much less about insanity than about the crushed arm, the broken bone, and the lung-fever, as it is easier to understand the nature and the functions of vital matter than to comprehend the being, the laws and the operations of mind.

But even in the courts of law, evidence has not been wanting that some of the judges and advocates have indulged the fallacy mentioned, apparently assuming the equality of all physicians as authority in mental disorders. Hence, in trials for homicide, where the plea of insanity has been raised in favor of the prisoner at the bar, many physicians who had neither studied the subject in the schools nor had any considerable practical acquaintance with it, and, doubtless, in some instances, without having read a treatise upon it, have been called, as experts, to hear the testimony and give an opinion deduced therefrom. Strange enough, those physicians, thus inadequately prepared, have obeyed the summons; and some of them have even sought it. The result has been that a few of them, sagacious men, of sound judgment and some practical experience, have passed the ordeal with credit to themselves and no detriment to the profession; some, with sufficient sagacity to perceive, after they went into court, the meshes of the net, and the cat beneath the meal, were wise enough to be very suddenly and unexpectedly called home before the court was ready for their testimony; while but too many others, supplying their deficiency of knowledge by a complement of confidence, have tied themselves to the Promethean rock with a cord of blunders, and the lawyers have torn from them, strip by strip, their bleeding flesh, until nothing was left but dry and disjointed bones, dangling and rattling in the wind. Were psychological medicine properly taught in the schools, such mistakes, which bring odium upon the profession, would not be likely to occur.

It is some compensation as well as consolation to know that, in one case, at the first trial of which the prisoner was convicted, the confidence in his own opinion of one physician, was the indirect means of saving the prisoner's life. From a defect in his testimony, arising from that confidence, the court ordered a new trial, at which a verdict of "not guilty by reason of insanity" was rendered. The man was removed to a hospital, where he was pronounced insane by the superintendent, as well as by a legal inquest ordered, some months afterwards, for the purpose of investigating his condition.

There is another way in which physicians in general practice sometimes make mistakes which might have been avoided had they been better instructed in the phenomena of mental alienation. I allude to the attempts to write upon it.

"'Tis pleasant, sure, to see one's name in print;
A book's a book, although there's nothing in't;"

and although it may be replete with inconsistencies, errors, and the other offspring of defective knowledge. But of all the many subjects within the legitimate scope of the medical profession, insanity is the last which a prudent man will select for a theme, unless he can handle it with the comprehensive intelligence which is conferred only by somewhat mature study and some practical experience.

Some years ago the National Medical Association appointed a physician in general practice as a "Committee" on *moral insanity*, a subject which is the great *quæstio vexata* of psychological medicine. The physician who received the appointment was a man endowed with intellectual powers above mediocrity, and the report was not without its good points. It was highly

commended for its ability by reviewers whose knowledge of the subject was as limited as that of the reporter himself. Its author is no longer among the living, and I will tread as lightly upon his ashes as justice to you, to the subject, and to scientific truth will permit.

As if *one* of the prime difficulties of a department of medicine in regard to which the most learned of its devotees may almost assert that all their knowledge

“Is but to know how little can be known,”

were not sufficient, the reporter seized the occasion to wrestle with *another*, little, if any, less formidable; viz. *the definition of insanity*. In his discussion of the legal relations of the malady, he complains that physicians “refuse to define” it, “or submit any test in which” they “are willing that courts and juries may confide.” He ought to have known that a vast amount of thought had been devoted to the subjects, by the ablest physicians in the specialty, and that the refusal to define arose from the inability to frame a perfect definition, and the refusal to submit a test, from the inability to discover one which might be submitted.

But he proceeds to supply the first deficiency complained of, as follows:

Insanity is “*a disease of the brain* by reason of which the functions of the mind are disturbed, perverted or alienated, without the consciousness of the intellectual and moral change which has occurred.”

Unfortunately for this definition, a no inconsiderable number of the insane not only *are* conscious of their mental disorder, but frankly acknowledge it. Hence the definition came into the world still-born.

In respect to the second deficiency—the absence of any sure test of insanity—the reporter maintains that, *in all cases* of mental disorder, there are *rational, physi-*

cal, pathognomonic signs or symptoms of disease of the brain,—signs constituting what he calls “a physical entity;” and in reference to medico-legal testimony, in cases of alleged mental alienation, he says:—“Let physicians keep within their province—*the presence or absence of physical disease*—and they will then be invulnerable to the cross-questioning of legal counsel.”

The proposition relative to physical signs is simply an error. It would not be difficult to find, within the next twenty-four hours, hundreds of insane persons presenting no such pathognomonic evidences even to the most acute observer. Hence this test fails. As a necessary consequence of this failure, obedience to the reporter's direction to physicians upon the witness stand is both an impossibility and an absurdity. Even on the supposition that pathognomonic signs of cerebral disease were always present in insanity, what counsel, what court, what jury would receive mere proofs of disease of the brain as evidence of insanity, unless the person is shown to be insane by *his language, his conduct, his acts*? What cross-questioning, or direct questioning counsel would for a moment permit a medical expert to evade every question relative to *the mental condition* of the person?

Let us suppose, however, that it *is* permitted, and a medical witness testifies that, in the case before the court, there are such and such pathognomonic physical signs of cerebral disease. In comes the cross-questioning counsel and asks: “But are there not many cases of diseased brain without insanity?” “Yes, many,” replies the witness. Now, what is the value of that physician's testimony? He has “kept within his province;” I leave you to decide whether or not he has proved himself “invulnerable.”

In respect to the principal subject of the report, it is unnecessary to enter into detailed comments. The vexed question of moral insanity, a disorder the very existence of which is denied by many, was taken up by the National Medical Association, or, at least, under its auspices. Looking to so high, so honorable, and so learned a society, were not those who are interested in the question justified in the hope of a settlement of its mooted points? Had they not a right to expect an *ex cathedra* decision from which there could reasonably be no appeal? As evidence of the manner in which the primary disputed point—the *existence of moral insanity*—was settled, I make four brief extracts from the report—extracts neither garbled nor in any way so removed from the context as to affect their meaning. To these extracts your close attention is invited:

1. "It (insanity) may exhibit itself in the *moral faculties* being perverted, chiefly or *exclusively*."
2. "Insanity is a mental phenomenon, symptomatic of a physical disease having its seat in the brain, and hence *can be neither intellectual nor moral, exclusively*."
3. Insanity "includes any and every departure from health in the mental manifestations; and this may be either temporary or permanent, partial or entire, *intellectual or moral*."
4. "*Moral insanity*, co-existing with *intellectual sanity*, is a fable."

It is said that the members of a debating club once discussed the question—"Which has the most influence over children, the father or the mother?" and decided it in the affirmative. The report beats the debating club; for its decision is in both the affirmative and the negative. But, nevertheless, it has its excellencies, and among them are the two subjoined extracts, peculiarly adapted to our present purpose:

"Medical psychology, especially in its relations to juridical inquiries upon the subject of insanity, should be made an integral

part of medical education; and clinical teaching should be introduced into every asylum for the insane, as a measure of public policy, the duty to devolve upon the superintendent of each.

"Until a general provision is secured for the education of all students in medical psychology, no physician who has not special qualifications, both by study and practice in this department, should consent to give testimony in cases of alleged insanity, unless after consultation and concurrence with an acknowledged expert. The reputation of the profession will else be jeopardized, if not compromised and destroyed, by indiscreet opinions, which the courts are obliged to overrule, or which are often notoriously disproved."

Ten years ago, had I been called to address you upon my present subject, I should have argued, at length, the necessity for the arrestation of the practice of bleeding in mental disorders, as one of the primary reasons for the study of psychological medicine in the schools. Venesection, cupping and leeching have been carried to such an extent, in the treatment of insanity, as to lead to the supposition that they who thus practiced believed that the Creator made a blunder when he put blood into the veins and arteries of man. Certainly they could not have been aware of the extent to which the circulation acts as a regulator of nervous power, or of the fact that the withdrawal of large quantities of the blood is not unlike the removal of the pendulum from a clock, or the balance wheel from a watch or a steam engine. The evil is now so nearly abated that we need no longer dwell upon it here.

One more point, gentlemen, and my argument will be closed. When a person becomes insane it is very common for those by whom he is surrounded to attempt to manage him by falsehood and deceit. In view of the extensive prevalence of this practice, of the utter sacrifice of all truthfulness which is sometimes made in the pursuance of it, and of the deleterious consequences which are very sure to follow, I hardly dare to touch

the subject lest my language be considered intemperate. Suffice it to say that some persons whose veracity, under other circumstances, is unimpeachable, who apparently hold truthfulness and candor as cardinal virtues, and look with detestation upon duplicity and falsehood, do not hesitate to sacrifice the former and adopt the latter when under the responsibility of controlling a fellow being who is insane. I have often thought that if, by instruction in the schools, this pernicious practice could be abolished, it would well pay the way for the State to support a professorship of psychological medicine in every medical college within its jurisdiction.

Not being clothed with the sacerdotal stole, it is not my province, in this place, to ask whether a falsehood is less a falsehood because told to a person deprived of reason. I mention the practice not in view of its relations to morality, but its expediency—its adaptation to the object proposed. All experience proves it to be the very worst of methods, and he who begins with it will soon find that whatever of confidence the insane person had placed in him is wholly lost. Confidence gone, obedience and willingness to comply with requests or to follow advice, have gone with it. "You have deceived me once," says the insane man, "how can I know that you are not deceiving me now? I will have nothing to do with you."

Not the least, then, of the arguments in favor of making psychological medicine a part of the medical curriculum, is the hope of disseminating a knowledge of the fact that successfully to control the insane, no falsehoods should be told them, no deception practiced upon them, no promise made to them without due consideration; but "the promise being made it must be kept."

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